		or Release 200 SERV	VICES OTHER T	'HAN PERS	SONAL	Bu	Vou. No.	2	2363		
<i>U. S.</i> COS	T REIMBURS		bureau, or establishment					PAI	D BY		
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THE UNITED S	STATES, Dr.,	Paye	ee's Account No.				Contract Street	0000	1432-59		
To			(Payee)				. 1	COPY	OF Y		
	(Add	iress)	(City)	()	State)						
No. and Date of	Date of Delivery	ARTICLES OR SERVICES Delivery (Enter description, item number of contract or Federal supply						PRICE	AMOUNT		
Order	or Service	schedule, and other information deemed necessary) Discount Terms				QUANTITY		Per	Dollars ————	Ct	
		Costs							\$434	5	
PAYMENT: Complete Partial Final											
Shipped from	<u> </u>	Use ·	continuation sheet(s) if r Weight	Government	B/L No.	<u> </u>		Total	\$434	5	
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Per		Title					als) Se		1-7-7		
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Pursuant to autho	rity vested in me,	I certify that this accou	nt is correct and proper	for payment.							
† Approved for \$.				†		(Authoriz	ed Certify	ing Officer)			
Ву			SIGN ORIGINAL								
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Title	THE BEHEBER OF T	HIS FORM MUST BE EXECUTE	n when didchases are ma								
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	ACCOU	NTING CLASSIFICAT	ION (Appropriation Sy	mbol must be s	hown; oth	er classificat	ion optio	nal)			
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Check	No	dated	, 19	, for \$			on Tr	easurer of the	United States in	favor	
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